

PROJECT INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [00000]
Date: [Date]
Project ID: [Project Ref]

CLIENT / FACILITY

[Client Name]
[Contact Person]
[Facility Address]
[City, State, Zip]

PROJECT SCOPE

Large Scale Disinfection & Sanitation
Site Area: [Sq. Footage/Total Units]
Duration: [Start Date] - [End Date]

Service / Material Description	Unit	Quantity	Rate	Total
Surface Disinfection (EPA Registered)	Sq. Ft.			
Electrostatic Spraying / Fogging	Hours			
PPE & Consumable Supplies	Flat			
Bio-Hazard Labor (Shift Lead/Techs)	Man-Hours			

Service / Material Description	Unit	Quantity	Rate	Total
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Post-Sanitation Certification & Testing	Each			
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Subtotal: \$0.00
Tax: \$0.00
Total Amount Due: \$0.00

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Notes: All chemicals used are EPA-approved for large-scale environmental decontamination. Compliance reports attached per project requirements.